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Preview questionnaire Gastric stimulation

For Medicare Plus BlueSM PPO and BCN AdvantageSM members

Effective April 26, 2020

Gastric stimulation

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *43647, *43648, *43881, *43882, *64590, *64595

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See below for the questions you'll encounter in the e-referral system.

Q Is this a gastric pacing request to treat morbid obesity?

A

Possible answers: Yes No N/A

Q Is this a gastric electrical stimulation request for the INITIAL treatment of gastroparesis?

A

Possible answers: Yes No N/A

Q Is this a request for the Enterra Gastric Neuromstimulator system by Medtronic to treat gastroparesis?

A

Possible answers: Yes No N/A

Q Does the patient have delayed gastric emptying identified by gastric scintigraphy?

A

Possible answers: Yes No N/A

Q Does the patient have delayed gastric emptying by breath testing AND scintigraphy is non-diagnostic or not feasible?

A

Possible answers: Yes No N/A

Q Does the patient have more than seven episodes of nausea and vomiting per week due to gastroparesis?

A

Possible answers: Yes No N/A

Q Does the patient require enteral or parenteral nutrition due to gastroparesis?

A

Possible answers: Yes No N/A

Q Is the patient unable to achieve glycemic control due to gastroparesis?

A

Possible answers: Yes No N/A

Q Does the patient have at least a 10% weight loss within 6 months due to gastroparesis?

A

Possible answers: Yes No N/A

Q Did the patient have at least two visits to the emergency department and/or hospital admissions due to gastroparesis within 1 year?

A

Possible answers: Yes No N/A

Q Has a mechanical obstruction as the cause of the symptoms been ruled out by an upper gastrointestinal series or endoscopy?

A

Possible answers: Yes No N/A

Q Is the patient taking medications (opiates, select diabetic medications, muscle relaxants, cyclosporine and anticholinergic agents) that contribute to gastroparesis?

A

Possible answers: Yes No N/A

Q Does the patient have continued symptoms or findings after dietary modifications for at least 6 months (for example, eating frequent, smaller sized meals; replacing solid foods with liquid nutritional supplements; adhering to a low fat, low fiber diet)?

A

Possible answers: Yes No N/A

Q Does the patient have continued symptoms or findings after treatment with antiemetics for at least 12 weeks?

A

Possible answers: Yes No N/A

Q Does the patient have continued symptoms or findings after treatment with medications to enhance gastric motility such as EITHER Metoclopramide or Erythromycin for at least 12 weeks?

A

Possible answers: Yes No N/A

Q Does the patient have a cardiac pacemaker, implantable cardioverter defibrillator or other neurostimulator?

A

Possible answers: Yes No N/A

Q Does the patient have a history of gastric resection?

A

Possible answers: Yes No N/A

Q Does the patient have a history of systemic motility disorder?

A

Possible answers: Yes No N/A